

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09255144

FILING DATE

2-22-99

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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47						
48						
49						
50						
TOTAL	16					
TOTAL	34					
TOTAL	50					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
65						
66						
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71						
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95						
96						
97						
98						
99						
100						
TOTAL	3					
TOTAL	14					
TOTAL	27					